

**MCS Clearinghouse**  
**Professional Payer List**  
**December 2003**

Insurance Carriers	Payer ID	Enroll Reqd	Govt Chrg	Fmt	Max Svc Lines	UPIN Reqd	Notes or Comments	Last Updated
1199 National Benefit Fund	13162	Yes		M		Yes	Call Renaud Dufresne at 646 473-6960 for ID	
ABAS, Inc.	37225			M			Call Julie Blazek at 630 416-1111 X156 to verify if you should be sending claims to ABAS	
ABC Health Plan of New York	48185			M			Call Jeannie Yetimoglu at 631 360-3102	
Acclaim	64071			M				
Accordia National	87815			M				
Activa Benefit Services, LLC	38254			M			Formerly Amway Corporation.	
AdminOne	37278			M				B
Advantra/Health America, Inc./Health Assurance	25126			M				
Advica - NY Hospital Community Health Plan	13373			M				
Advica/Northeast Georgia Health System, Inc.	13376			M				
Advocate Health Centers	36320			M		Yes	Required Data Elements needed. Contact Debbie Motz at 847 699-4377 for more information.	
Advocate Health Partners (PHO's)	65093			M		Yes	Required Data Elements needed. Call Debbie Motz at 847 699-4377 for more information.	
Aetna / US Healthcare (All Plans)	60054			M			Aetna Med A Claims, call (800) 845-6592 for instructions.	
AFL-CIO Food & Beverage Dealer's Trust Fund (Toledo, OH)	34444			M			Payer ID valid for claims submission address of P. O. Box 457, Toledo, OH 43697-0457.	
AFTRA Health Fund	13346			M				
Agency Services, Inc.	64158			M				B
AGIA, Inc.	95241			M			<b>Claims are printed and mailed to the payer.</b>	
AH & L	80705			M				
Alaska Children's Services, Inc	91136			M			Group Number required.	
Alaska Laborer's Construction Industry Trust	91136			M			Group Number required.	
Alaska Pipe Trades Local 375	91136			M			Group Number required.	
Alaska United Food & Comm Wrkrs H & W	91136			M			Group Number required.	
Alliance Health Plan (Lancaster, PA)	23251			M				
Alliance of Wisconsin	<b>Call</b>			M		Yes	Call 608 210-6656 to obtain Payer, rendering provider and location numbers.	B
Alliant Health Plans of Georgia	58234			M			Georgia Providers Only.	
Allied Benefit Systems	37308			M				
Alta Health & Life Insurance	80705			M				
Alta Health Strategies	87043			M				
Amalgamated Life Insurance Company (ALICARE)	13550			M				
Americaid Community Care (D/FW)	27514			M			Texas Providers Only.	
Americaid Community Care (Houston)	27515			M			Texas Providers Only.	
Americaid Community Care (Maryland)	27517			M			Maryland Providers Only.	
Americaid Community Care (New Jersey)	27516			M			New Jersey Providers Only.	
American Administrative Group	75240			M				
American Benefit Administrative Services, Inc.	37225			M			Call Julie Blazek at 630 416-1111 X156 to verify if you should be sending claims to ABAS, Inc.1733 Park Street, Maperville, IL 60563.	
American Commercial Barge Lines	37128			M				
American Community Mutual Insurance	60305			M				
American Imaging Management, Inc.	36369			M			Group Number required. Call 800 252-2021.	
American LIFECARE	72099			M			Group Number required. Valid only for claims with a billing address of 1100 Poydras St. #2600, New Orleans, LA 70163	
American Postal Workers Union (APWU)	44444			M			Claims for the state of Maine, send to MedNet P.O. Box 15440, Portland, ME 04112	

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American Republic Insurance Co.	42011			M		Yes	Call Julie Rigon at 800 398-8999 for provider ID.	
AmeriChoice of New Jersey Personal Care Plus	86001			M		Yes	Please call 888 362-3368 for Provider ID Number	
AmeriChoice of New Jersey, Inc.	86047			M				
AmeriChoice of New York Personal Care Plus	86002			M		Yes	Please call 888 362-3368 for Provider ID Number	
AmeriChoice of New York, Inc.	86048			M				
AmeriChoice of Pennsylvania Personal Care Plus	86003			M		Yes	Please call 888 362-3368 for Provider ID Number	
AmeriChoice of Pennsylvania, Inc.	86049			M				
Amerigroup / Americaid - Ft. Worth	26375			M			Texas Providers Only.	
Amerigroup / Americaid - Houston	26374			M			Texas Providers Only.	
Amerigroup Corporation (Ft. Worth)	27514			M			Formerly Americaid Community Care Dallas / Ft. Worth	B
Amerigroup Corporation (Houston)	27515			M			Formerly Americaid Community Care Houston	B
Amerigroup Florida	27519			M		Yes	Provider ID required. Group Number required if available.	
Amerigroup Illinois	27518			M				
AmeriHealth Administrators	23252			M				
AmeriHealth Mercy Health Plan	22248			M			Medicaid Managed Care.	
AMIL / ARIA (Mediview)	76052			M				
Amway Corporation	38254			M	24		Name changed to Activa Benefit Services, LLC.	
Anthem Health & Life Ins. Co. of NJ	80705			M				
APA Partners, Inc.	16140			M			<b>Hospital claims are printed and mailed to the payer.</b>	
Arkansas Best Corporation	75278			M				
Associates for Health Care, Inc (AHC)	36326			M				
Athens Area Health Plan Select	95691			M				
Atlanticare Administrators, Inc.	22304			M			AKA Horizon HealthCare Admin (HHA)	
Atlas Administrators	ATLAD			M			USA MCO Provider Network	A
Austin Regional Clinic Employee Benefit Plan	CMSEB			M				
Automotive Machinists Local 289 Health & Welfare Trust	91136			M			Please enter Group Number when submitting claims.	
Avera Health Plans	46045			M				
Bass Administrators, Inc.	37248			M				
BCBS Alabama	<b>Call</b>	Yes	XZ	M		Yes		
BCBS Texas	84980	Yes		M				
Beech Street Corporation	95377			M				
BeneFirst	37125			M				
Benefit Coodinators Corporation (Pittsburgh, PA)	25145			M			Payer ID valid for claims submission address of 111 Ryan Court #300, Pittsburgh, PA 15205.	B
Benefit Management Services (BMS)	37220			M				
Benefit Management Systems, Inc.	37212			M				
Benefit Plan Administrators Co. (Eau Claire, WI)	39081			M			Payer ID valid for claims submission address of PO Box 1128, Eau Claire, WI 54702-1128	
Benefit Plan Management, Inc.	37222			M				
Benefit Planners, Inc	74223			M				
Benefit Services, Inc. (Akron, OH)	34178			M				
Benefit Systems & Services, Inc (BSSI)	36342			M	12			
Benesight	87265			M			Formerly known as The TPA	
Benesys, Inc.	37248			M				
Benesys-LHP Claims Unit	37248			M				
Best Life & Health Insurance Company	95604			M			Group number should be entered if available.	
Better Health Plans, Inc.	62183			M				

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Blue Shield (FEP) (California)	94036			M			Medical: All Claims; Hospital: Pref. Providers Only.	
Bluegrass Family Health	61124			M			Call Larry Hurt at (859) 269-4475 ext. 5340.	
Boon-Chapman Benefit Administrators	74238			M	12			
Boston Medical Center Health Plan, Inc. (BMC HealthNet Plan)	13337			M		Yes	Submission to BMCHP must include the 12 digit Provider ID, including all leading "zeros."	
Botsford Health Plan (Farmington Hills, MI)	38324			M				
BoydCare (BoydCare Bros. Transportation Inc.)	37273			M			AKA BoydCare Bros. Transportation Inc.	B
BPS, Inc.	48964			M				
Brokerage Concepts, Inc.	51037			M				
Brown & Toland Medical Group	94316			M				
Cambridge ISG	59334			M				
Cannon Cochran Management Services, Inc.	37105			M				
Cape Health Plan	38245			M		Yes	Rendering Provider Network ID required.	
Capital Community Health Plan	87726			M				
Capitol Administrators	68011			M				
Care Management Group of Greater NY	11331			M				
Care Partners	43172	Yes		M			Medicaid Managed Care.	
Carelink Advantra	25139			M			WV HealthAssurance & Carelink commercial claims only.	
Carelink Health Plan	25139			M			WV HealthAssurance & Carelink commercial claims only.	
Carelink Medicaid	25140			M				
Carenet	25142			M				A
Carenet of Virginia	25142			M		Yes		
Cariten Healthcare	62073			M			Group Number required. Commercial Claims Only.	
Cariten Senior Health	62072			M				
Carolina Benefit Administrators, Inc.	37245			M				
Carolina Care Plan	57105			M				
Carolina Summit Healthcare, Inc.	56195			M				
Carpenter's Health & Welfare Trust Fund of St. Louis	25125			M			<b>Claims are printed and mailed to the payer.</b> Utilizes the CMR Network.	
Cascade East Health Plans	93040			M				
Caterpillar Inc.	37060			M				
CBCA Administrators	55438			M				
CBSA	41124			M				
CCN Managed Care, Inc.	33005			M			Include Group Name & Insured's Employer Name	
Cemara Administrators, Inc.	37250			M				
Cement Masons & Plasterers H & W Trust	91136			M			Group Number required.	
Central Benefits Life	31118			M			Also Central Benefits Mutual & Central Benefits National	
Central Reserve Life	34097			M				
Central States Health & Welfare Funds	36215			M				
Central States Joint Board Health & Welfare Trust	37214			M				
CHA - Commonwealth Health Alliance	23171			M				
CHAMPUS / TRICARE / Palmetto GBA	57106			M			Regions 1, 2, 5, 7, 8, 9, 10, and 12	
CHAMPVA-HAC	84146			M			<b>Claims are printed and mailed to Payer.</b> Not associated with & doesn't process claims for TRICARE	
Chautauqua County Healthcare Plan - Mayville, NY	16600			M				
CHEC	75261			M				

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Chesapeake Life Insurance Company	59223			M			Payer ID vaild for submission address of PO Box 982016, North Richland Hills, TX 76182.	B
Children of Women Vietnam Veterans (VA-HAC)	84146			M			<b>Claims are printed and mailed to the payer.</b>	
CHIP - Choiceone UTMB	76049	Yes		M			Call Pati Parker (512) 421-4430 to enroll	
CHIP - Clarendon Kids	EPOTX			M			USA MSO Network Providers Only.	A
CHIP - Community First	COMMF			M				
CHIP - Seton (Mediview)	76056			M				
CHP / RPU (FABOH)	<b>Call</b>			M			Call 608 210-6656 to obtain Payer, rendering provider and location numbers.	B
Christian Brothers Services	61271			M				
CIGNA	62308			M			Includes HMO, PPA, PPO & Connecticut General	
CIGNA Flex Care (New Mexico only)	62310			M	12		New Mexico Providers only.	
Cimarron Health Plan (Commercial)	CIMHP			M			New Mexico Providers only.	
Cimarron Salud!	CIMSA			M			<b>Claims are printed and mailed to the payer.</b> New Mexico Providers only. Claims	B
Colonial Healthcare	37123			M				
Columbia Cornell Care	25351			M				
Combined Benefits, Inc.	37271			M				
CommonWealth Administrative Group	37237			M				
CommonWealth Administrators	CATPA			M				
Community Care Behavioral Health Org.	25179			M				
Community Care Managed Health Care Plans of OK	73143			M				
Community Care Network (CCN) Managed Care, Inc.	33005			M			Include Group Name & Insured's Employer Name	
Community First	COMMF			M				
Community First - Star Health Plan	COMMF			M				
Community Health Choice	48145			M				
Community Health Electronic Claims/ CHEC/ webTPA	75261			M				
Community Health Network of Connecticut	62149			M		Yes	CHN of CT cannot accept electronic claims for Anesthesia. Contact LeAnn Olson at 203 237-4000 ext 3136 for information.	
Community Health Plan - St. Joseph, MO	90010			M			Service area includes NW Missouri, NE Kansas, SW Iowa, and SE Nebraska	
Community Premier Plus for Neighborhood Health Providers	32481			M				
Comprehensive Benefits Administrator, Inc.	03036			M				
ConnectiCare, Inc.	06105			M		Yes	Rendering Provider ID may contain a 10 digit ID; first six being Numeric and last four Alpha.	
Connecticut General	62308			M				
Consociate Group	37135			M				
Consolidated Associated Railroad	75284			M				
Consultec-New Mexico (Medicaid)	CNTNM	Yes	Z	M			<b>Claims are printed and mailed to the payer.</b> New Mexico Providers only.	B
Continental General Insurance Company	71404			M			<b>Claims are printed and mailed to the payer.</b>	B
Cooperative Benefit Administrators (CBA)	52132			M				
CoreSource of Arizona	41045			M				B
CoreSource of Illinois	35182	Yes		M				
CoreSource of Maryland	35182	Yes		M				
CoreSource of Minnesota	41045			M				B
CoreSource of North Carolina	35180			M				

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CoreSource of Ohio	35183			M				B
CoreSource of Pennsylvania	35182	Yes		M				
CoreStar	41045			M				
Corporate Benefit Services of America (CBSA)	41124			M			Payer ID valid for claims submission address of P.O. Box 27267, Minneapolis, MN 55427-0267.	
Corporate Systems Administration	37246			M				
CorSolutions	48146			M				
Country Life Insurance Company	62553			M				
Covenant Administrators, Inc. (Atlanta, GA)	58102			M			Group Number should be entered if available.	
Covenant Management Systems Employee Benefit Plan	CMSEB			M				
Coventry - Kansas City Medicare (Advantra)	25133			M			Payer ID changed from 25144	
Coventry Health Care of Delaware, Inc.	25130			M			Delaware Providers only.	
Coventry Health Care of Georgia	25127			M			Georgia HMO providers only	
Coventry Health Care of Iowa, Inc.	25132			M			Iowa Providers only.	
Coventry Health Care of Kansas, Inc. - Kansas City	25133			M			Kansas Providers only.	
Coventry Health Care of Kansas, Inc. - Wichita	25134			M			Kansas Providers only.	
Coventry Health Care of Louisiana, Inc.	25135			M			Louisiana Providers only.	
Coventry Health Care of Nebraska, Inc.	25136			M			Nebraska Providers only.	
Coventry Health Care of the Carolinas, Inc. / Wellpath	25129			M				
Coventry Health Care South	25147			M				A
Creative Medical Systems	64068			M				
Croy-Hall Management, Inc.	37266			M				
Dean Health Plan	39113			M				B
Definity Services	64159			M				B
Delaware Health Plan Consortium	63081			M			Delaware Providers only.	
DelawareCare (CHC of Delaware Medicaid)	25137			M			<b>Deleted Payer ID.</b>	
Denver Health Medical Plan	84135			M				B
Directors Guild of America - Producer Health Plan	23706			M			Group Number should be entered if available.	
Diversified Administration	06102			M				B
E3 Health	75232			M				
eAppeal Solutions	65009			M			<b>Claims are printed and mailed to the payer.</b>	
EBMS (Employee Benefit Management Services, Inc.)	81039			M			Rendering Provider name, address and tax ID required.	
EHI (Employers Health Insurance)	61101			M				
EHS Group Health Plan (Milwaukee, WI.)	98006			M				
Elder Health Maryland HMO Inc.	52192			M			Claims are now being sent electronically.	
Ellis Consultants, Inc.	ECISF			M				A
Elmco	37253			M				
Emerald Health Network Inc (all PPO)	34167			M				
EMPHEYSYS	61101			M				
Employee Benefit Concepts, Inc. (Farmington Hills, MI)	38241			M				
Employee Benefit Services (Charlotte, NC)	37216			M				
Employee Benefits Plan Administration, Inc (EBPA)	03036			M				
Employee Plans, LLC	35112			M				
Employee Security, Inc	54098			M				
Employers Health	61101			M				
Employers Health Insurance (EHI)	61101			M				
Employers Ins. Of Wausau (Wausau)	39026			M				

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Employers Life Insurance Corp.	37249			M				
Employers Mutual, Inc (FL)	59298			M			Florida Providers only.	
Encircle PPO	35206			M				
Encompass	37110			M				
Encore Health Networks	35206			M			Group / Policy Number Required	
ENH Medical Group IPA	36364			M				
Enstar Natural Gas	91136			M			Group Number required.	
EQUICOR	62308			M			Includes PPO	
Equitable (CIGNA)	62308			M				
Equitable Plan Services (Oklahoma City, OK)	73126			M			Payer ID valid for claims submission address of PO Box 720460, Oklahoma City, OK 73172.	B
Erin Group Administrators	23250			M				
EverCare (all states)	87726			M				
Evergreen Health Plan	58233			M				
ExclusiCare	71412			M				
Family Health Partners / MC+ Missouri	43173			M				
FARA Benefit Services	37289			M			AKA FARA	B
Federated Mutual Insurance	41041			M			Receives Repriced Claims	
First Carolina Care	56196			M				
First Choice (CT)	14162			M		Yes	Requires a 5-8 character Provider Network ID.	
First Choice Health Network	91131			M				
First Choice of Midwest (PPO)	75138			M				A
First Health	87043			M	12			
First State Health Plan	63080			M				
Firstcare	94999	Yes		M		Yes	Provider ID required, call 800 365-1051 for number.	
FirstGuard Health Plan	90060			M		Yes	Call Karen Joslin 816 922-7225 to verify provider ID	
Florida 1st	59276			M			Florida Providers only.	
Florida Hospital Waterman	48116			M				
FMH Benefit Services, Inc	48117			M				
Fortis Benefits Insurance Company	70408			M	12			
Fortis Insurance Company	39065			M				
Foundation Health Plan of Florida(Sunrise, FL)	59257			M			Florida Providers only.	
Fox-Everett – Ingalls Ship Building	64067			M				
Fox-Everett, Inc	64069			M				
G.E. Group Administrators	75238			M			Texas Members Only	
G.E. Group Life Assurance Company	67815			M				
Galveston County Indigent Health Care	30005			M				
Gateway Health Plan	25169			M				
Geisinger Health Plan	75273	Yes		M			Enrollment required. Call (570) 271-7836	
General American Life Insurance Company	63665			M	12			
GH Basic Health Plan	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
GH Individual and Family Plan	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
GHC - Commercial	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
GHC Medicare + Choice	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
GHI - New York (Group Health Inc.)	13551			M		Yes	New York Providers only. Rendering Provider ID	

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							required.	
GHI HMO	25531			M				
GHP (Group Health Plan)	25141			M		Yes	Claim must contain Coventry IDX Vendor Number. Call Renee Crumlish at 302 283-6570 for information.	
GIC Indemnity Plan	80314			M			Call Terry Haneffant at 978 474-5139 for information.	
Gilsbar, Inc.	07205			M				
Glassworkers Health & Welfare Fund	91136			M			Please enter Group Number when submitting claims.	
Golden Rule Insurance Company	37602			M				
Grant Physicians Practice Association	37234			M				
Great Lakes Health Plan	95467			M				
Great West Life & Annuity Insurance Co	80705			M	24			
Group Administrators, Ltd.	36338			M				
Group and Pension Administrators	48143			M				
Group Benefit Services, Inc.	38223			M			<b>Deleted Payer ID.</b>	B
Group Health Cooperative - East	91121	Yes		M			Eastern Washington State. Call 206 901-6347 prior to first submission.	
Group Health Cooperative - West	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
Group Health Cooperative of South Central Wisconsin	39167			M				
Guardian Life Insurance Co of America	64246			M				
Gundersen Lutheran Health Plan, Inc.	39180			M			Call 608 775-8026 prior to first electronic submission.	B
H.E.R.E.I.U Welfare Pension Funds	37114			M				
Harmony Health Plan of Indiana	36405			M				
Harrington Benefit Services	95266			M				
Harrington Benefit Services, Inc.	75196			M			Formerly Centra	
Harrington Benefit Services, Inc.	06131			M			Formerly Third Party Claims Management	
Harrington Benefit Services, Inc. (Oklahoma)	59142			M				
Harvard Community Health Plan	04245			M				
Harvard Pilgrim Health Care	04271			M		Yes		
HCH Administration (Cimarron)	HCHNM			M			New Mexico Providers only.	
HCH Administration (Illinois)	37111			M				
HCHA Albq - Self Funded	37329			M				
Health Administration Service, Inc.	34185			M	12			
Health Alliance Exclusive & Plus	23172			M				
Health Alliance Medical Plans, Inc.	77950			M				
Health Alliance Plan of Michigan	38224			M	12		Michigan Providers only.	
Health Assurance/Health America, Inc./Advantra	25126			M				
Health Care Payer's Coalition (Toledo, OH)	34193			M			Payer ID valid for claims submission address of PO Box 741, Toledo, OH 43697-0741.	
Health Care Savings	56142			M				
Health Connecticut	37263			M				B
Health Designs Plus (Hudson, OH)	34158			M				
Health Net - Arizona	38309			M		Yes	Provider ID required. Insured ID required.	
Health Net - California and Oregon	95567	Yes		M			Call EDI Support at 800 997-3568 prior to submission.	
Health Net of the Northeast, Inc.	06108	Yes		M		Yes	Call 866 334-4638 to obtain Provider ID	
Health Partners - Jackson, TN	62157			M				
Health Partners, PA	80142			M		Yes	Provider ID required.	
Health Plan Management	37221			M				

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Health Plan Southeast (Tallahassee, FL)	59256			M		Yes	Provider ID required, call 800 833-2169 ext 603	
Health Plans Inc.	44273			M			<b>Claims are printed and mailed to the payer.</b>	
Health Risk Management	55438			M				
Health Services Pref. (HSP) –Emerald Health	34167			M				
Healthcare Management Administration (HMA)	HMA01			M				A
HealthCare Partners, IPA	11328			M			Formerly Heritage New York Medical Group	B
Healthcare USA	25143			M				
HealthChoice of Memphis	62168			M				
Healthease	59608			M		Yes	Requires a 5-9 character Provider Network ID	
Healthfirst – Tyler, TX	75234			M			Texas Providers only.	
HealthGuard of Lancaster	23226			M				
HealthHelp Network, Inc (HHNI)	59087			M				
Healthlink HMO	96475			M		Yes	Call Provider Relations at 800 624-2356 for Provider ID	
Healthlink PPO	90001	Yes		M		Yes	Call Provider Relations at 800 624-2356 for Provider ID	
HealthPower HMO	31106			M				
HealthSCOPE Benefits, Inc.	71063			M				
HealthSCOPE Benefits, Inc. (Repricing AR)	48153			M				
HealthSmart Preferred Care	75250			M			Group Name and ID is Required by HSPC	
Healthsource Central Mass Heath Care	02041	Yes		M				
Healthsource Massachusetts, Inc.	02041	Yes		M			Claims edited under CIGNA's payer ID 62308.	
Healthsource Provident (Cigna)	68195	Yes		M			Claims edited under CIGNA's payer ID 62308.	
Healthsource, AR	71074	Yes		M		Yes	Provider ID required, call 800 831-6654.	
Healthsource, AR (Medicare HMO)(Cigna)	71075	Yes		M		Yes	Provider ID required, call 800 831-6654. Claims edited under CIGNA's payer ID 62308.	
Healthsource, GA (Cigna)	58210	Yes		M		Yes	Provider ID required, call 800 909-2227 ext 5760. Claims edited under CIGNA's payer ID 62308.	
Healthsource, IN	35167	Yes		M		Yes	Provider ID required, contact Payer for ID.	
Healthsource, KY	61127	Yes		M		Yes	Provider ID required, contact Payer for ID.	
Healthsource, ME	01041	Yes		M		Yes	Requires provider ID, call 800-909-2227 x5760	
Healthsource, NC (Cigna)	56147	Yes		M		Yes	Claims edited under CIGNA's payer ID 62308.	
Healthsource, NH	02038	Yes		M		Yes	Call Donna Wilson at 603 268-7439 for Provider ID	
Healthsource, North Texas (Cigna)	75255	Yes		M		Yes	Claims edited under CIGNA's payer ID 62308.	
Healthsource, OH	31141	Yes		M		Yes	Provider ID required, contact Payer for ID.	
Healthsource, SC	06119	Yes		M		Yes	Healthsource Network Providers Only.	
Healthsource, TN (Cigna)	62129	Yes		M		Yes	Claims edited under CIGNA's payer ID 62308.	
HealthSource/Hudson Health Plan	<b>Call</b>	Yes		M			Please call at 914 372-2291 to obtain payer ID.	
HealthStar, Inc	36332			M				
Healthy Options (DSHS)	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
HEP Administrators (PPO and Non-PPO)	<b>Call</b>	Yes		M			Prior Enrollment is Required. Call 262 679-9695	
Heritage New York Medical Group	11328			M				
HFN, Inc.	36335			M				
HIP-Health Insurance Plan of Greater New York	55247	Yes		M			New York Providers only. Call 212 630-8711 for enrollment information.	
HMO Blue – Medicaid	MDHMO	Yes		M	28		Call 888 863-3638 for enrollment information	
Home Town Health Network	34150			M				
Horizon HealthCare Admin (HHA)	22304			M				
Horizon Mercy	22326			M			Medicaid managed care.	

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Hotel Employees & Restaurant Employees Hlth & Trust	91136			M			Please enter Group Number when submitting claims.	
HPS Paradigm, Inc.	58227			M				
HRM Claim Management / HRM	41170			M				
Humana	61101			M				
Humana Emphesys	61101			M				
Humana Employers Health Insurance	61101			M				
Humana Insurance Company Choice Care Network	61101			M			Does not include Humana ChoiceCare of Cincinnati (Humana Health Plans of Ohio)	
Humana Military – Tricare Regions 3 & 4	61125			M				
IBA Self Funded Group	38234			M				
Indiana Health Network	35204			M				
Individual Health Insurance Companies	31053			M				
Informed, LLC	52196			M				
Innovative Healthware Solutions	04320			M				
Insurance Administrators of America, Inc.	37279			M				B
Insurance Claims Services, Inc. (Birmingham, AL)	63082			M				
Insurance Design Administrators	13315			M				
Integra Administrative Group (Seaford, DE)	51020			M			Payer ID valid for claims submission address of 110 S. Shipley, Seaford, DE 19973.	B
Integra Group	31127			M			Call Mark Warner at 513 326-5600, X 1013	
Integrated Care Network by Emerald Health	34167			M				
InterCare Health Plans, Inc.	37227			M				
Intergroup Service Corporation	23287			M				
International Brotherhood of Boilermakers	36609			M			Formerly Boilermakers Nat'l Health & Welfare Fund	
International Union of Operating Engineers: Local 15, 15A, 15C, and 15D	37269			M			Located in New York, NY	
Iowa Benefits, Inc (IBI)	41124			M				
J. F. Molloy and Associates, Inc	61271			M				
Jl Specialty Services, Inc.	JISSP			M				
John Alden Life Insurance Company	41099			M				
John Deere Health Care	95378	Yes		M	12	Yes	Call 309 765-1593 for enrollment & provider ID.	
John Hancock	80314			M				A
John P Pearl and Associates	37215			M				
Joplin Claims	43178			M				
JP Farley Corporation	34136			M				
JSL Administrators	37272			M				A
Kaiser Foundation Health Plan of Georgia	21313			M			Georgia Providers only.	
Kaiser Foundation Health Plan of Southern CA Region	94134			M		Yes	Commercial Provider ID required. Call Tina Cheung at 626 405-6404 prior to submission.	
Kaiser Foundation Hlth Plan of Mid-Atlantic States	52095			M			Call Kenya Neal at 301 625-2264,	
Kanawha HealthCare Solutions, Inc.	57038			M			Kanawha Insurance Company	
Kansas City Life Insurance Co.	44030			M				
Kempton Company	73100			M			Kempton Group Administration	
Kepple & Company (Integrated Benefit Services)	37124			M			Group ID required.	B
Key Benefit Administrators	37217			M				
Keystone Mercy Health Plan	23284			M			Medicaid managed care.	
Klais & Company	34145			M				
Lakeside Health Services	95415			M				

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Leggett and Platt	75279			M				
Lincoln National	61101			M			EmpheSys, Green Bay and Madison, WI only.	
Linn County	75283			M				
Local 135 Health Benefits Fund (Indianapolis, IN)	35107			M				
London Health Administrators	37226			M			Following fields required: Group Number, Insured First and Last Name.	
Lovelace Health Plan	62310			M			Includes Senior Plan (LSP) & Senior Options (LSO)	
Magellan Behavioral Health (El Paso Only)	MBH11	Yes		M			<b>Deleted Payer ID.</b>	A
MailHandlers Benefit Plan	62413			M				
MAMSI Life and Health Insurance Co. (MLH)	52148			M				
Managed Care Services, LLC	35162			M				
Managed Health Services Wisconsin	39187			M			Call Leisa Hamlin at 800 225-2573 ext. 25319	
Manatee Service Center (Bradenton, FL)	41555			M			For claims with a billing address of P.O. Box 1098, Bradenton, FL 34206	
MAPCO, Inc.	75258			M				
Mashantucket Pequot Tribal Nation	37121			M				
Master, Mates and Pilots Plan	MMPHB			M				B
Mayo Management Services, Inc.	41154			M				
MBS (MedCost Benefit Services)	56205			M				
Mcare	38264			M				
McHenry Medical Associates (IL)	36328			M			<b>Deleted Payer ID.</b>	A
McLaren Health Plan	38338			M				
MD - Individual Practice Association, Inc. (M.D. IPA)	52148			M				
MDNY Healthcare	11338			M				
MedAdmin Solutions	58202			M			Advanced Data Solutions	
MedAdmin Solutions	58204			M			Grady Healthcare	
MedBen (Newark, OH)	74323			M				
MedCost, Inc.	56162			M		Yes	Requires unique provider ID, call 800 433-9178	
Medica	94265			M		Yes	Requires a unique provider ID	
Medicaid Texas	86916	Yes		M				
Medical Benefits Administrators, Inc. (Newark, OH)	74323			M				
Medical Benefits Companies (Newark, OH)	74323			M				
Medical Benefits Mutual (Newark, OH)	74323			M				
Medical Benefits Mutual Life Insurance Co.	74323			M				B
Medical Claims Service, Inc.	04258			M				
Medical Mutual of Ohio	29076			M		Yes	Rendering Provider ID number required.	
Medical Value Plan – Ohio (MVP)	38224			M				
Medicare Texas	00900	Yes		M				
MedSolutions, Inc.	62160			M				
MEGA Life & Health Insurance Company - Insurance Center	59221			M			Payer ID valid for claims submission address of PO Box 982009, North Richland Hills, TX 76182	B
Memphis Managed Care	36193			M			Call 901 725-7100 prior to first submission	
Mercy Health Plans	43166			M				
Meridian Health Care Management	77042			M				
Mesa Mental Health	85035			M			<b>Claims are printed and mailed to the payer.</b>	
MethodistCare	95420			M				
Michael Reese Physicians Group	37127			M				
Mid America Health	43132			M				

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Mid America Health (Health Net)	25133			M				A
Mid America Health (Leased PPO)	25147			M			Missouri Providers only.	A
Mid-Atlantic Health System	63079			M				
Midlands Benefits Administrators	47081			M			Group / Policy Number Required	
Midlands Choice, Inc.	47080			M			Please enter Group Number when submitting claims.	
Mid-Valley CareNet, Inc	31140			M				
Mid-West National Life Insurance Co. of Tennessee - Insurance Center	59224			M			Payer ID valid for claims submission address of PO Box 982017, North Richland Hills, TX 76182	
Mississippi Public Entity Employee Benefit Trust	37233			M			Group Number should be entered if available.	
Mississippi Select Healthcare	64088			M				
Missoula County Medical Benefits Plan	37275			M				A
MLink	37265			M			Group Number should be entered if available.	
Molina Healthcare of Washington	38336			M				
Montefiore Contract Management Organization	13174	Yes		M		Yes	Provider ID required, call 914 377-4400 for ID	
Motorola	36111			M				
Mountain States Administrative Services, Inc.	86040			M				B
MPE Employee Benefit Services, Inc.	37233			M			Group Number should be entered if available.	
MPEEBT	37233			M			Group Number should be entered if available.	
MPLAN, Inc. / HealthCare Group, LLC	95444			M				
Mutual Assurance Administrators	37256			M				
Mutual of Omaha	71412			M				
Mutually Preferred	71412			M				
MVP Health Plan of NY	14165			M		Yes	For your MVP Provider number, call (800) 684-9286.	
N.W. Ironworkers Health & Security Trust Fund	91136			M			Please enter Group Number when submitting claims.	
N.W. Roofers & Employers Health & Security Trust Fund	91136			M			Please enter Group Number when submitting claims.	
N.W. Textile Processors	91136			M			Please enter Group Number when submitting claims.	
Nat'l Assn Letter Carriers (NALC/Affordable)	53011			M				
National Benefit Administrators - New Jersey	56175			M				
National Benefit Administrators - North Carolina	56176			M				
National Capital Preferred Provider Organization (NCPPO)	90001			M		Yes	Call 800 272-5911 to obtain Provider ID	
National Claim Administration, Inc.	37126			M			Please include Group Number, if available	
National Rural Letter Carrier Association	71412			M			Policy Number GMG1846	
National Travelers Life Company	37120			M				B
NCAS – Fairfax, VA	75190			M				
Neighborhood Health Plan (Boston, MA)	04293			M				
Neighborhood Health Providers & Suffolk Health Plan	11325	Yes		M		Yes	Please call 631 360-3102 for NHP/SHP provider ID	
Nesika Health Group	37255			M			Group Number required.	
Network Health Plan of Wisconsin	39111			M			Payer ID changed from 39144	B
New England Financial	80705			M				
New Era Life	75281			M				
New West Health Plan	84141			M				B
New World Claims Services	38332			M			Payer ID valid for claims submission address of 2624 North 5th St., Niles MI 49120	
New York Presbyterian Community Health Plan	48186			M				
NGS American	38225			M				
NHC Health Benefit Plan	62124			M				B
Nippon Life Insurance Company of America	81264			M				

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North American Administrators, Inc.	64157			M				
North American Benefits Network (NABN)	34159			M			Payer ID valid for claims submission address of PO Box 94928, Cleveland, OH 44101-4928 or PO Box 89476, Cleveland, OH 44101-5476.	
North Texas Healthcare	NTX11			M	12			
Northern Nevada Trust Fund	88027			M			Call 775 826-7200 prior to submitting claims.	
Northwest Administrators, Inc.	91068			M			<b>Claims are printed and mailed to the payer.</b>	
Northwest Suburban IPA (IL)	36346			M				
Nova Healthcare Administrators, Inc. (Grand Island, NY)	16644			M				
NovaSys Health Network	71080			M				B
Ochsner Health Plan	72127	Yes		M		Yes	Requires provider ID. Call at 504 219-5939	
Office of Group Benefits	72087			M			Louisiana Providers	
Ohio Health Choice, PPO	34189			M			Payer ID valid for claims with submission address of P O Box 93538 or PO Box 6086, Cleveland, OH 44101	
Omnicare Health Plan of Michigan	38252			M				
One Health Plan	80705			M	24		Includes all 50 States	
Operating Engineers Locals 302 & 612 Hlth & Sec. Fund	91136			M			Group Number required.	
Optima Health Insurance Co.	54154			M		Yes	Rendering Provider ID required. Call 757 552-7477	
Optima Health Plan	54154			M		Yes	Rendering Provider ID required. Call 757 552-7477	
Optimum Choice, Inc (OCI)	52148			M				
Option Services Group	37125			M				
Our Lady of the Resurrection Physician Association	36365			M			<b>Deleted Payer ID.</b>	A
Oxford Health Plans	06111	Yes		M		Yes	Requires unique provider ID, call 800 599-4334.	
Pacific Life & Annuity Company	67466			M				
PacifiCare of Arizona (Claims only)	<b>Call</b>	Yes		M			Call Trisha Mendoza at 800 344-3782 ext. 4313	
PacifiCare of California	95959	Yes		M			Pacificare/Secure Horizon HMO and PPO claims only. Call 714 226-2442 for more information..	
PacifiCare of Oklahoma	95959	Yes		M			Please call Joe Graves at 405 530-2229	
PacifiCare of Oregon	95959			M			For PacifiCare/Secure Horizon HMO & POS claims only. Call EDI Support at 800 203-7729 for information.	
PacifiCare of Oregon / Meridian Health Care Management	77042			M			Call PacifiCare EDI at 800 203-7729 to determine if you should send to this Payer ID.	
PacifiCare of Washington	95959			M			For PacifiCare/Secure Horizon HMO & POS claims only. Call EDI Support at 800 203-7729 for information.	
PacifiCare of Washington / Meridian Health Care Management	77042			M			Call PacifiCare EDI at 800 203-7729 to determine if you should send to this Payer ID.	
PacifiCare PPO	95999			M				
PacificSource Health Plans	93029			M				
Parkland Community Health Plan	66917			M				
Partners National Health Plans of North Carolina, Inc.	<b>Call</b>	Yes		M			Call 336 760-4822 electronic claims set-up	
Passport Health Plan	61129			M			Medicaid Managed Care.	
PayNet, Inc.	37210			M				
PHA Admin Serv. Prime Health of Alabama	63088			M				
PHP of Mid-Michigan	87726			M				
PHP of South Carolina	87726			M				
PHP of South Michigan	87726			M				
PHP of Southwest Michigan	87726			M				
PHP of West Michigan	87726			M				

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PHP TennCare	62155			M				
Physicians Care Network (PCN)	57098			M				
Physicians Care Network (Rockford, IL only)	36345			M			Payer ID valid for claims submission address of PCN, Rockford, IL	
Physicians Health Association of Illinois	37136			M				
Physicians Plus Insurance Corporation	39156			M				
Piedmont Administrators	56151			M				
Pinnacle Claims Management, Inc	24735			M				
Pipefitters Local 597	59700			M				A
Pipeline Industry Benefit Fund (Tulsa, OK)	73074			M				
Pittman & Associates	37224			M				
Planned Administrators, Inc.	37287			M				B
PM Group	67466			M				
POMCO	16111			M				
PPO Oklahoma (WinterBrook HealthCare Management)	73159			M				
PPOM (Southfield MI)	38335			M				
PPOPlus, LLC	72148			M				
Preferred Community Choice / PCCSelect / CompMed	73145			M				
Preferred Health Network (PHN)	35173			M				
Preferred Health Plan (Louisville, KY)	61106			M				
Preferred Healthcare System – PPO	04320			M				
Preferred One (MN)	41147			M				
Premier Benefits, Inc.	43166			M				
Premier Health Plan	43166			M				
Presbyterian Health Plan (Commercial)	PREHP			M		Yes	New Mexico Providers only. Provider ID required. Call 888 977-2333 for ID.	
Presbyterian Salud!	PRESA			M		Yes	New Mexico Providers only. Provider ID required. Call 888 977-2333 for ID. Receiver type "D".	
Prevea Health Insurance Plan	39185			M				
Primary Delivery Systems	61101			M				
Primary Health Plan	PRIME			M				B
Primary PhysicianCare, Inc.	56144			M				
Prime Health of Alabama	63088			M				
PrimeSource Health Network	04320			M				
Principal Financial Group	61271			M				
Principal Healthcare	61271			M				
Principal Life Insurance Company.	61271			M				
Pro Health Comp Care	31132			M				B
Professional Benefit Administrators, Inc. (Oak Brook, IL)	36331			M				
Professional Claim Administrators (ProClaim)	41163			M				
Professional Claims Management	37242			M				
Provider Networks of America (PRO-NET)	51032			M				
Puget Sound Benefits Trust	91136			M			Group Number required.	
Puget Sound Electrical Workers Trust	91136			M			Group Number required.	
Qual Choice of Arkansas	35174	Yes		M		Yes	Call 800 235-7111 to verify Provider ID	
QualCare, Inc	23342			M			New providers, please call 800 992-6613	
Qual-Med New Mexico	QUANM			M			New Mexico Providers only.	
Qual-Med Plans for Health	22340			M				B

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Quincy Health Care Management, Inc.	37129			M				
Reynolds and Reynolds	37270			M				A
Rooney Life Inc	37602			M				
Rush Prudential Health Plans (HMO Only)	36389			M				
S & S Healthcare Strategies	31441			M				
Sagamore Health Network	35164			M				
San Francisco Electrical Workers Health & Welfare	37236			M			Group Number should be entered if available.	
Santa Barbara College Hospital	37288			M				B
Scott & White	88030	Yes		M	12	Yes	5 digit ID must be in BA0-15 and/or FA0-23 if rendering provider is different. Call (254) 298-3195 for ID	
Seabury & Smith	13310			M				
Secure Health Plans of Georgia, LLC	28530			M		Yes	Secure Health Plans Provider ID required.	
SecureCare of Iowa	42142			M				
Security Health Plan	39045			M				
Select Administrative Services (SAS)	64088			M				
Select Benefit Administrators (Des Moines, Iowa)	42137			M			Payer ID valid for claims submission address of PO Box 8339, Des Moines, IA 50301	
Select Health of South Carolina	23285			M				
SelectCare of Texas (Houston)	HPN11			M		Yes	Provider ID required. Call 713 843-6780 for ID.	A
Self Insured Benefit Administrators (Clearwater, FL)	59111			M			Payer ID valid for claims submission address of 18167 US 19 N #300, Clearwater, FL 33764.	B
Self Insured Plans	36404			M				
Self-Funded Plans (IL PA OH)	34131			M				
Sentara Family Care	54154			M		Yes	Rendering Provider ID required. Call 757 552-7477.	
Sentara Health Management	54154			M		Yes		
Sentinel Management Services	23249			M			Group Number required.	
Seton CHIP	76056			M				
Seton Employee Plan	SHEBP			M				
Shasta Administrative Services	75280			M			Jeld-Wen Claims Only	
Sheet Metal Workers Local 91	SMW91			M				B
Signature Care Health Network	35206			M				
Signature Health Alliance	62159			M			Payer ID valid for claims submission address of PO Box 22419, Nashville, TN 37202	
Sloans Lake Managed Care	84096			M				
SouthCare / Healthcare Preferred	25147			M				B
Southern Health Services, Inc.	25128			M		Yes	Please Call Pattie Dietrick at 724 778-5317	
Southern National Life	37220			M				
Southwest Service Life	37266			M				
Special Risk International	52190			M				
Spina Bifida VA-HAC	84146			M			<b>Claims are printed and mailed to the payer.</b>	
SSM Exclusive Choice	95286			M				
St. Barnabas System Health Plan	22240			M				
St. John's Claims Administration	37264			M			Group Number should be entered if available.	
St. Therese Physician Association	37116			M				
Starmark	61425			M				
State Farm Group Medical & Ind Hlth Ins Co	31053			M				
States General Life Insurance	75087			M				
Staywell Health Plan	14163			M		Yes	Require a 5-9 character Rendering Provider ID	
Sterling Option 1	91151			M				

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Stoner and Associates (Cincinnati, OH)	31121			M				B
Student Insurance - Boston Mutual Life Insurance Co.	74227			M				
Student Insurance - Life Ins. Co. of Boston and NY	74227			M				
Student Insurance - Reliance Insurance Company	74227			M				
Student Insurance - Reliance National Insurance Co.	74227			M				
SummaCare Health Plans	95202			M		Yes	Call Veronica Polk at 800 996-8411text 62485 for ID	
Superior Benefits	23218			M				
Superior Health Plan of Texas	39188	Yes		M			Provider enrollment required, please call Debbi Sandberg at (800) 225- 2573, ext. 25306 or Leisa Hamlin at (800) 225-2573, ext. 25319.	
Teamcare	36215			M				
Teamsters Construction Industry Welfare Trust	91068			M			<b>Claims are printed and mailed to the payer.</b>	
Teamsters Local Union #301	36612			M				
Texan Plus (Houston)	HPN11			M		Yes	Provider ID required. Call 713 843-6780 for ID.	A
Texas Children's Health Plan	76048			M				
Texas Health Steps	86916	Yes		M			Call 888 863-3638 for enrollment information	
The EPOCH Group	28777			M				
The Healthcare Group	35206			M				
The Integrity Benefit Network, Inc. (Marietta GA)	58203			M				
The Oath for Louisiana	72112			M				
The Union Labor Life Insurance Company	13142			M			Payer ID valid for claims submission address of PO Box 61593, King of Prussia, PA 19406	
The Wellness Plan	38200			M				
Third Party Administrators, Inc.	37225			M			Call Julie Blazek at 630 416-1111 X156 to verify if you should be sending claims to TPA, Inc.1733 Park Street, Maperville, IL 60563.	
Three Rivers Health Plan, Inc.	25175			M				
TML Intergovernmental Employee Benefit Pool	74214			M			Formerly Texas Municipal League Group	
Tooling & Manufacturing Assn	61425			M				
Tower Life Insurance Co.	69493			M	12			
TPA, Inc.	37225			M			Call Julie Blazek at 630 416-1111 X156 to verify if you should be sending claims to TPA, Inc.1733 Park Street, Maperville, IL 60563.	
TR Paul, Inc.	37230			M				
TransAmerica Life Insurance Company	59222			M			Payer ID valid for submission address of PO Box 982016, North Richland Hills, TX 76182.	B
TransChoice - Key Benefit Administrators	37284			M				B
TRIAD Healthcare, Inc. (Plainville, CT)	39181			M			Payer ID valid for chiropractic Medical and Hospital claims from participating network providers only.	
Trustmark Insurance Co (Benefit Trust Life)	61425			M				
Tufts Associated Health	<b>Call</b>	Yes		M			Call 888 880-8699 ext. 4042 prior to submitting claims	B
UHP of New Jersey (Centene)	22329			M				
UICI Administrators - State of Nevada	75245			M				B
UICI-Administrators	75240			M				
UICI-Administrators State of Nevada	74223			M			Nevada Providers Only	
UMWA Health & Retirement Funds	52180			M		Yes	Unique provider ID Required - call 800-606-5479	
UNICARE	80314			M			For Major Accounts, Individual and Small Groups	
UNICARE Special Accounts	65099			M				
Unified Health Services	62170			M			Worker's Compensation claims only	

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Uniform Medical Plan/ Harrington Benefit Services	75243			M				
Union Pacific Railroad Employees	87042			M			<b>Hospital claims are printed and mailed to the payer.</b>	
United Benefits	59069			M				
United Medical Resources	31107			M			Payer ID valid for all claims addresses on UMR Member ID cards with payer ID of 31107.	B
United of Omaha	71412			M				
UnitedHealthcare	87726			M			Includes following states: AL, AZ, AR, CA, CO, FL, GA, IL, KY, LA, MS, MO, NY, NC, NE, OH, TN, TX, UT, VA, WI	
UnitedHealthcare of the Mid-Atlantic	87726			M				
UnitedHealthcare of the Midlands HMO (Choice, Select)	87726			M			PPO (Choice Plus, Select Plus, Self Funded)	
UnitedHealthcare of the Midwest	87726			M			Choice, Choice Plus, Select, Select Plus, Medicare Complete	
UnitedHealthcare of Upstate New York	87726			M				
UnitedHealthcare Plans of Puerto Rico	87726			M				
Universal Care-California	33001			M		Yes	Provider ID required.	
Universal Care-Tennessee	33002			M				
Universal Health Care, Inc.	UNIV1			M				B
University Health Plan	58248			M				
University Health Plan Medicaid	58247			M				
University of Washington Students & Graduate Students	91136			M			Group Number required.	
UPMC Health Plan (Commercial)	23281			M				
Upper Peninsula Health Plan	38337			M				
USAA (United States Automobile Association)	74095			M			Property and Causality Division only.	
USC Health Services	USC11			M				
USFHP-St. Vincent Catholic Medical Center	13407			M				
USI Administrators	23217			M				
Valley Baptist Health Plan	VBHP1			M				
VHP Community Care	23173			M				
Vista Health Plan	55248			M		Yes	Call 866 847-8235 for submitting information.	
Vytra Healthcare	22264			M				
Wal-Mart	75257			M			AK, DE, ID, MT, ND, OR, SD, VT, WA, WI, WY only.	
Wal-Mart (Blue Card Carriers)	84980			M			Patients must have "MRT" prefix before ID number.	
Washington Teamster Welfare Trust	91068			M			<b>Claims are printed and mailed to the payer.</b>	
Watkins Associated Industries, Inc.	58082			M				
Wausau Benefits, Inc.	39026			M				
WEA Insurance Group	39151			M				
webTPA	75261			M				
Wellcare HMO, Inc.	14163			M		Yes	Requires a 5-9 character Provider Network ID	
Wellcare of CT and of NY	14164			M		Yes	Requires a 5-9 character Provider Network ID	
WellMed	WELM2			M			Claims only.	
West Coast Stationary Engineers Hlth & Sec. Trust Fund	91136			M			Please enter Group Number when submitting claims.	
Western Growers Assurance Trust	24735			M				
Western Growers Insurance Company	24735			M				
Western Mutual Insurance / WMI-TPA	37247			M				
Western Teamster Welfare Trust	91068			M			<b>Claims are printed and mailed to the payer.</b>	
Weyco Inc	38232			M				
Willis Administrative Services Corporation	62061			M				

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World Insurance Company	75276			M				
Writer's Guild - Industry Health Plan	23710			M				
Xantus Healthplan of Tennessee	62153			M				
Yale Preferred Health/ Health Choice of CT	95376			M			Also HealthChoice of Connecticut	
ABMA Medical Corp. (Hnet Sr. & Secure Horizons Only)	E3510	Yes		M			Northern California Providers only. Call 510 450-1500 for enrollment.	
Access Plus (UTMB)	76049	Yes		M		Yes	Call 281 652-8700 to obtain provider ID	
Acclaim Repricing	21356			M				B
ACS Benefit Services, Inc.	72467			M			Payer ID valid for ACS Benefit Services, Inc. ONLY.	
Admar Corporation	95285			M				
Administrative Service Consultants	Call			M			Call 440 262-1160 for Payer ID.	B
Advantage Care	61123			M				
Aetna / US Healthcare (Encounters)	60054			M				
Affinity	IP093			M				
Affordable	87043			M				
Alliance and Alliance Select	ALNCE			M				
Alliance PPO, Inc. (Maryland)	52149			M				
Alpha Data Systems	ADSYS			M				A
Alta Bates Medical Group	Call	Yes		M		Yes	Network ID Required. Call EDI Dept at 800 611-5191	
Alta Bates Medical Group / East Bay Medical	IP064			M				
Alta Senior Care (Hnet Sr. & Secure Horizons Only)	E3510	Yes		M			Northern California Providers only. Call 510 450-1500 for enrollment.	
Alternative Technology Resource (ATR)	37231			M				
AmeriBen Solutions, Inc.	75137			M				
American Chiropractic Network (CAN)	41161			M			Group Number should be entered if available.	
American Chiropractic Network IPA of New York	41160			M			Group Number should be entered if available.	
American International Group, Inc.	13311			M				
American Medical Security (AMS)	81400			M				
AmeriHealth HMO NJ and DE	23037			M				
Amerikids-Dallas/Ft. Worth	26375			M			Texas Providers Only.	
Amerikids-Houston	26374			M			Texas Providers Only.	
AMIL / ARIA	AMILR			M				
Anchor Benefit Consulting	53085			M				B
Apex Benefit Services	34196			M		Yes	Provider ID and Member ID required.	
ARAZ	16120			M				
Arcadian Management Services, Inc.	77045			M			Group number should be entered if available.	
Arizona Health Concepts	53172			M				
ASC of Ohio	Call			M			Call 440 262-1160 for Payer ID.	B
Associated Third Party Administration (ATPA)	ATPA1			M				
Atlantis Health Plan	13853			M		Yes	Requires Network ID, call 212 747-8393 for ID	
Aurora Associated Physicians, Inc.	PHD01			M	12			
AvMed, Inc.	59274			M		Yes	Member ID and Rendering Provider Network ID required.	
Batavia City Schools Tri-County Medical Plan	16112			M				
BCBS Alaska	Call	Yes	XZ	M		Yes		
BCBS Arizona	Call	Yes	XZ	M		Yes		
BCBS Arkansas	Call	Yes	XZ	M		Yes		
BCBS California	Call	Yes	XZ	M		Yes	Call 800 480-1221 for Payer ID. Encounters only.	
BCBS California (Blue Cross Northern CA)	Call	Yes		M		Yes	CA License Number Required.	

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BCBS California (Blue Shield Southern CA)	Call	Yes		M		Yes	Group Number is Required.	
BCBS Colorado	Call	Yes	XZ	M		Yes		
BCBS Connecticut	Call	Yes	XZ	M		Yes		
BCBS Connecticut	Call	Yes	XZ	M		Yes		
BCBS DC	Call	Yes	XZ	M		Yes	Includes coverage for DC and Northern Virginia.	
BCBS Delaware	Call	Yes	XZ	M		Yes	AmeriHealth - Delaware (Non-HMO Claims)	
BCBS Delaware	Call	Yes	XZ	M		Yes		
BCBS Florida	Call	Yes	XZ	M		Yes	Blue Cross and Blue Shield of Florida	
BCBS Georgia	Call	Yes	XZ	M		Yes	BCBS of Georgia (Atlanta) - AKA - State Merit	
BCBS Georgia	Call	Yes	XZ	M		Yes	BCBS of Georgia (Columbus)	
BCBS Georgia	Call	Yes	XZ	M		Yes	BCBS of Georgia State Merit	
BCBS Idaho	Call	Yes	XZ	M		Yes		
BCBS Illinois	Call	Yes	XZ	M		Yes		
BCBS Indiana	Call	Yes	XZ	M		Yes		
BCBS Iowa	Call	Yes	XZ	M		Yes		
BCBS Kansas	Call	Yes	XZ	M		Yes		
BCBS Kansas	Call	Yes	XZ	M		Yes	Blue Cross and Blue Shield of Kansas HMO FEP	
BCBS Kansas	Call	Yes	XZ	M		Yes	Blue Cross and Blue Shield of Kansas HMO Regular	
BCBS Kansas	Call	Yes	XZ	M		Yes	Blue Cross and Blue Shield of Kansas HMO Senior Plan	
BCBS Kentucky	Call	Yes	XZ	M		Yes		
BCBS Louisiana	Call	Yes	XZ	M		Yes	For enrollment call 225 295-2427.	
BCBS Maine	Call	Yes	XZ	M		Yes		
BCBS Maryland	Call	Yes	XZ	M		Yes	CareFirst Blue Cross Blue Shield of MD	
BCBS Massachusetts	Call	Yes	XZ	M		Yes		
BCBS Michigan	Call	Yes	XZ	M		Yes		
BCBS Minnesota	Call	Yes	XZ	M		Yes		
BCBS Mississippi	Call	Yes	XZ	M		Yes		
BCBS Missouri	Call	Yes	XZ	M		Yes	Testing Required: 25 claims. Should be representative of production claims.	
BCBS Missouri	Call	Yes	XZ	M		Yes	A Provider ID is required to submit claims. Call Wellpoint Health Network at 800 392-8772 ext. 101.	
BCBS Missouri	Call	Yes	XZ	M		Yes		
BCBS Nebraska	Call	Yes	XZ	M		Yes		
BCBS Nevada	Call	Yes	XZ	M		Yes		
BCBS New Hampshire	Call	Yes	XZ	M		Yes		
BCBS New Jersey	Call	Yes		M		Yes	AKA - Blue Card Claims (ITS, out of state BS Subscribers)	
BCBS New Jersey	Call	Yes		M		Yes	AKA - Blue Choice	
BCBS New Jersey	Call	Yes		M		Yes	AKA - Blue Select	
BCBS New Jersey	Call	Yes		M		Yes	AKA - Comprehensive	
BCBS New Jersey	Call	Yes		M		Yes	AKA - FEP	
BCBS New Jersey	Call	Yes		M		Yes	AKA - HMO Blue	
BCBS New Jersey	Call	Yes		M		Yes	AKA - Indemnity	
BCBS New Jersey	Call	Yes		M		Yes	AKA - Local 54	
BCBS New Jersey	Call	Yes		M		Yes	AKA - Medallion	
BCBS New Jersey	Call	Yes		M		Yes	AKA - NJSHB (state)	
BCBS New Jersey	Call	Yes		M		Yes	AKA - National	
BCBS New Jersey	Call	Yes		M		Yes	AKA - P.A.C.E	

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BCBS New Mexico	Call	Yes	XZ	M		Yes		
BCBS New York	Call	Yes	XZ	M		Yes	BCBS Utica Watertown / RMSCO Inc. Claims	
BCBS New York	Call	Yes	XZ	M		Yes	Blue Cross and Blue Shield of Central New York	
BCBS New York	Call	Yes	XZ	M		Yes	BCBS Rochester Area - Blue Choice (HMO) of Rochester	
BCBS New York	Call	Yes	XZ	M		Yes	Blue Shield of Northeastern New York	
BCBS New York	Call	Yes	XZ	M		Yes	Empire Blue Cross and Blue Shield of New York	
BCBS New York	Call	Yes	XZ	M		Yes	HealthNow / BCBS of Western New York	
BCBS North Carolina	Call	Yes	XZ	M		Yes		
BCBS North Dakota	Call	Yes	XZ	M		Yes		
BCBS Ohio	Call	Yes	XZ	M		Yes		
BCBS Oklahoma	Call	Yes	XZ	M		Yes		
BCBS Oregon	Call	Yes	XZ	M		Yes		
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	AmeriHealth - New Jersey (Non-HMO Claims)	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Capital Blue Cross - HealthOne. Encounters	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Capital Blue Cross - HealthOne. Encounters	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Capital Blue Cross/CAIC. Encounters	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	First Priority. Encounters	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Gateway	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Highmark Blue Cross & Blue Shield of Pennsylvania	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	IBC Personal Care	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Inter-County Health Plan	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Keystone Health Plan Central	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Keystone Health Plan Central Encounters	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Keystone Health Plan Central Senior Blue	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Keystone Health Plan Central Senior Blue Encounters	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Keystone Health Plan East	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Keystone Health Plan West Encounters	
BCBS Pennsylvania	Call	Yes	XZ	M		Yes	Keystone Health Plan West	
BCBS Rhode Island	Call	Yes	XZ	M		Yes	Blue CHIP of Rhode Island	
BCBS Rhode Island	Call	Yes	XZ	M		Yes		
BCBS South Carolina	Call	Yes	XZ	M		Yes	BCBS South Carolina Federal Employees	
BCBS South Carolina	Call	Yes	XZ	M		Yes		
BCBS South Carolina	Call	Yes	XZ	M		Yes	Companion Healthcare	
BCBS South Carolina	Call	Yes	XZ	M		Yes	Consolidated Benefits Inc.	
BCBS South Carolina	Call	Yes	XZ	M		Yes	Planned Administrators Inc.	
BCBS South Carolina	Call	Yes	XZ	M		Yes	State Health Plan	
BCBS South Dakota	Call	Yes	XZ	M		Yes		
BCBS Tennessee	Call	Yes	XZ	M		Yes	Multiple Chattanooga HMO Plans. Call 423 755-5717 for plan code information. Enrollment is not plan specific.	
BCBS Tennessee	Call	Yes	XZ	M		Yes	Chattanooga	
BCBS Tennessee	Call	Yes	XZ	M		Yes	Memphis	
BCBS Utah	Call	Yes	XZ	M		Yes		
BCBS Vermont	Call	Yes	XZ	M		Yes		
BCBS Virginia	Call	Yes	XZ	M		Yes	Claim must contain Provider ID, not Group Number.	
BCBS Washington	Call	Yes	XZ	M		Yes		
BCBS Washington	Call	Yes	XZ	M		Yes		

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BCBS West Virginia	Call	Yes	XZ	M		Yes	Testing Required: 25 claims. Should be representative of production claims.	
BCBS Wisconsin	Call	Yes	XZ	M		Yes	BCBS United of Wisconsin/Comp Care	
BCBS Wyoming	Call	Yes	XZ	M		Yes		
Benefit Plan Administrators, Inc. (Roanoke, VA)	37118			M			Call Mary Bender at 940 345-2721 to verify	
Benefit Source, Inc.	38257			M				B
BreathCo / CSL Pulmonary	65005			M				
Brokerage Service Inc. (BSI)	Call			M			Call 440 262-1160 for Payer ID.	B
Buenaventura Medical Group Inc.	50240			M			<b>Claims are printed and mailed to the payer.</b>	
C&O Employees Hospital Association	23708			M				
California Care (Humboldt Del Norte)	IP059			M				
Capital Advantage Insurance Company (CAIC)	23045			M		Yes	BCBS Provider ID and Performing Provider ID required. Call 800 874-8433.	
Capital Blue Cross	23045			M		Yes	BCBS Provider ID and Performing Provider ID required. Call 800 874-8433.	
Care Choices HMO	HM037	Yes		M			Texas & Michigan Providers Only.	
CareCore National, LLC (Aetna Radiology Claims)	14179			M		Yes	Call Anthony Sampson at 845 298-8155 for code. Formerly NYMI Aetna Radiology Claims.	
CareCore National, LLC (Oxford Radiology Claims)	14180			M		Yes	Call Anthony Sampson at 845 298-8155 for code. Formerly NYMI Oxford.	
CareFirst Administrators - Maryland	52118	Yes		M				
CareSource	31114			M				
CCEA Welfare Benefit Trust	88019			M				
Cedars-Sinai Medical Network Services	95166			M				
Cedars-Sinai Medical Network Services	95167			M			Encounters Only.	
Central Valley Medical Group	E3510	Yes		M			Northern California Providers only. Call 510 450-1500 for enrollment.	
CHAMPUS / TRICARE	REG11	Yes		M	12		Region 11 - AK, Northern ID, OR, & WA. Call Helpdesk at 608 221-5056.	
CHAMPUS / TRICARE / WPS	REG06	Yes		M	12		Region 6 - AR, LA (not Baton Rouge or New Orleans), OK & TX (not El Paso and SW Corner) - Call Helpdesk at 608 221-5056.	
CHAMPUS / TRICARE / Humana Military	61125			M			Region 3 & 4	
CHIP - Driscoll Children's Health Plan	DCHCH	Yes		M			Call Pati Parker (512) 421-4430 to enroll	
CHIP - Seton Health Plan	SHPCH	Yes		M			Call Pati Parker (512) 421-4430 to enroll	
Chiropractic Care of Minnesota, Inc.	ACN01			M				A
Christus Spohn Network	SPOHN			M			Texas Providers Only.	
Cigna - Behavioral Health	MCCBV	Yes		M			Contact payer for enrollment information	
Cigna - Behavioral Health (Eden Prairie, MN)	Call	Yes		M			Call 888 259-6279 for enrollment information	
Claim Management Services	39141			M			Group Number Required.	
ClaimsWare, Inc. DBA ManageMed	57080			M				
CNA Health Partners (PCP Only)	71063			M			HealthScope Benefits	
CNY Managed Care	16126			M				
Coalition for Care/Medtrx EM	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Coalition for Care/Medtrx FI	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Coalition for Care/Medtrx GH	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Coalition for Care/Medtrx HP	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Coalition for Care/Medtrx HS	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Coalition for Care/Medtrx IX	Call			M			Call Provider Relations at 201634-8700 for Payer ID	

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Coalition for Care/Medtrx L8	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Coalition for Care/Medtrx TC	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Coalition for Care/Medtrx WL	Call			M			Call Provider Relations at 201634-8700 for Payer ID	
Colorado Access HMO	COACC			M				
Colorado Assoc. Primary Care	PHD02			M				
Columbia United Providers	91162			M			Now allows provider to submit "0" dollar claims	
Commerce Benefits Group	34181			M				
Community Choice of Michigan (Medicaid)	53172			M			<b>Deleted Payer ID.</b>	A
Community Health Plan - Milwaukee, WI	39162			M			Wisconsin Providers only.	
Community Health Plan of Washington	CHPWA			M				B
CompuSys of Colorado	COMPU			M			Colorado Providers only.	
Consolidated Group / HPS	04274			M				
Continuum ABC MSO	13397			M				
Coordinated Medical Specialists	58204			M				
Core Management Resources Group	58231			M				B
Corporate Benefits Service, Inc. (NC)	56116			M			Payer ID valid for claims submission address of P.O. Box 12953, Charlotte, NC 28220.	B
Correctional Medical Services	43160			M				
Delta Health Systems	DHS01			M				B
Dermatology Network Solutions	58204			M				
East Bay Medical Network	Call	Yes		M		Yes	Network ID Required. Call (800) 611-5191 for ID	
EBC Inc.	Call			M			Call 440 262-1160 for Payer ID.	B
EBC Mid-America	Call			M			Call 440 262-1160 for Payer ID.	B
Empire Physicians Medical Group	33029			M				
Employee Benefit Claims Mid-America	Call			M			Call 440 262-1160 for Payer ID.	B
Employee Benefit Claims Wisconsin	Call			M			Call 440 262-1160 for Payer ID.	B
Employee Benefit Consultants, Inc	Call			M			Call 440 262-1160 for Payer ID.	B
Employee Benefit Services	41198			M			A division of Harrington Benefit Services	B
Employers Coalition on Health (ECOH)	MIDSC			M				
Employers Health Cooperative (EHC)	MIDSC			M				
ERISA Administrative Services	74234			M				
Fallon Community Health	SX072	Yes		M			Please call 210 684-2983 X22	
Family / Seniors Medical Group, Inc.	IP017			M			Lab Only	
Family Health Plan	96865			M				
Family Practice Associates	FPA11	Yes		M		Yes	Provider ID required, call 409 721-5900	
Federal Employee Program (TX EFP)	84980			M				
Fidelis Care NY	11315			M				
First Priority	23241			M				
Firstcare - Star Medicaid	94999	Yes		M		Yes	Provider ID required, call 800 365-1051 for number.	
Foundation Health - HMO	FH002			M			<b>Deleted Payer ID.</b>	B
GE Group Administrators	06143			M			Formerly Phoenix Group Services	
Genelco (St. Louis)	63665			M				
General Hospital (Humboldt Del Norte)	IP062			M				
Genesee County Medical Plan	16112			M				
Genesis Healthcare (EMG)	IP087			M				
GI Innovative Management	58204			M				
Golden Triangle Physicians Alliance	GTPA1	Yes		M		Yes	Provider ID required.	

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Government Employees Hospital Association (GEHA)	44054			M				
Group Health Cooperative of South Central Wisconsin	39168			M			Encounters Only.	
Group Health Options, Incorporated Alliant Plus	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
Group Health Options, Incorporated Alliant Select	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
Group Health Options, Incorporated Options	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
Group Health Options, Incorporated Options Prime	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
Group Health Options, Incorporated Options Select	91051	Yes		M			Western Washington State. Call 206 901-6347 prior to first submission.	
GulfQuest	93100			M				
Harrington, Inc	95266			M				
Hartford (Worker's Comp)	HARWC	Yes		M		Yes	Call 866 450-3898 for enrollment.	A
Hawki	86065			M			<b>Deleted Payer ID.</b>	
Health Economics Group	16112			M				
Health EZ	16120			M				
Health Management Associates (HMA)	86065			M			<b>Deleted Payer ID.</b>	
Health Net - California (Professional Encounters Only)	95570	Yes		M		Yes	Call Karen Campbell at 916 935-1464 for Submitter ID	
Health Net (Encounters Only)	HM001	Yes		M			Enrollment required. Call 888 894-7888	
Health Net Management	HT001			M				
Health Network of Colorado Springs	PHD05			M			Colorado Providers only.	
Health New England	04286			M				
Health Partners of Alabama, Inc	63092	Yes		M			Contact Payer for enrollment information.	B
Health Partners Southeast	63092	Yes		M			Contact Payer for enrollment information.	B
Health Pledge HMO/HealthPledge Plus	95435			M				
Healthbridge	IP081			M				
Healthcare Plans, Inc.	HC001			M				
Healthcare Resources Group (HRG)	82468			M				B
Healthfirst, Inc. (NY)	80141			M	12	Yes	Requires Healthfirst (NY) submitter ID.	
HealthPlan Services (Tampa only)	59140			M				
HealthSCOPE Benefit Plan, Inc. (PCP Only)	<b>Call</b>	Yes		M			Call Jonda Brown (800) 972-3025 for Payer ID.	
Healthsouth Medical Plan Administrators	63086			M				
HealthSpring of Alabama	63092	Yes		M		Yes	Call 800 743-7141 for provider enrollment.	B
Healthspring Renaissance IPA	RENGQ			M				
Heritage Consultants	59230			M		Yes	Use the 9-digit subscriber ID on all claims.	
Hill Physicians Medical Group	<b>Call</b>	Yes		M			Call Tina Loftus at 800 445-5747 for payer ID.	
HMA, Inc.	86065			M			<b>Deleted Payer ID.</b>	
HMO Blue (HMO Blue Texas)	84980			M	32			
HMO Blue / ARIA	HMOBR			M			<b>Deleted Payer ID.</b>	
HMO Blue Star Plus (Houston)	53172			M		Yes	Call Mark Messer 602 331-5100 for Provider ID	
HMO Blue Texas / ARIA (Mediview)	76058			M			<b>Deleted Payer ID.</b>	
HMO of Colorado	COHMO			M	12			
HPN	HPN11	Yes		M	12	Yes	Provider ID required.	
Humana (Encounters)	61102			M			Claims sent to 61102 will not be paid.	
Humana Health Plans of Ohio	95348			M		Yes	ChoiceCare - Cincinnati Platform Claims only. Provider ID required, Call 800 575-2333 for Provider ID.	A
Humana Puerto Rico	65018	Yes		M				

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I'Mcare	41600			M				
Imperial Valley Medical Group (IMPV)	IP089			M				
Indiana ProHealth Network	35161			M				
Insurance Services of Lubbock	ISL11			M	12		Texas Providers only.	
Integra Group-CHA	31129			M				
International Union of Operating Engineers: Local 4 Health & Welfare Fund	37241			M			Located in Lexington, MA	
Iowa Health Solutions	86065			M			<b>Deleted Payer ID.</b>	
John Muir Health Network	JMH01			M				
Kaiser Permanente (Colorado Encounters Only)	HM044			M				
Kaiser Permanente (Encounter Data Only)	HM036			M				
Kaiser Permanente (Southern California Only)	KS001			M				
Kelsey-Seybold	KELSE			M			FA0-57 must contain an S or T for the performing provider tax ID type.	A
Kentucky Health Select	63077			M			Kentucky Providers only.	
Key Medical Group	IP082			M				
Kindred Health Care	61101			M				
Kitsap Physicians Services	KPS01			M				
LA Care (Encounter Data Only)	HM039			M				
Lake Forest Manged Care Associates	37112			M				
Lakeside IPA	95416			M				
LifeGuard	94245			M				
Lifemark	53172			M		Yes	Call Mark Messer at 602 331-5100 for Provider ID	
LifeWise Healthplan of Oregon	93093			M				
Lovelace Salud! (NM Medicaid)	62310			M			New Mexico Providers only. Receiver type "D"	
Mad River Community (Humboldt Del Norte)	IP060			M				
Mamsi Life Health Insurance Co.	MA001			M				
Managed Health Services Indiana (Medicaid HMO)	39186	Yes		M			Call Debbi Sandberg at 800 225-2573 ext. 25306	
Managed Physical Network	41159			M			Group Number should be entered if available.	
Maryland Health Partners	SX069	Yes		M			Call Quintay Chance at 410 953-1847.	
Massachusetts Mutual	65935			M				
M-Care	MM001			M			<b>Deleted Payer ID.</b>	A
MCC Behavioral Care	MCCBV			M				
McCreary Corporation	59331			M			Call Mike Salveggi at 561 287-7650, ext.416.	
Medfocus	95321			M				
Medicaid Alabama	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid Alaska	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid Arizona	<b>Call</b>	Yes	XZ	M		Yes	AZ Health Care Cost Containment System (AHCCCS)	
Medicaid Arkansas	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid California	<b>Call</b>	Yes	XZ	M		Yes	Additional Enrollment Requirement for LA County Providers. Call 916 636-1000 for LA County Unit.	
Medicaid Colorado	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid Connecticut	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid DC	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid Delaware	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid Florida	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid Georgia	<b>Call</b>	Yes	XZ	M		Yes		
Medicaid Hawaii	<b>Call</b>	Yes	XZ	M		Yes		

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Medicaid Idaho	Call	Yes	XZ	M		Yes		
Medicaid Illinois	Call	Yes	XZ	M		Yes		
Medicaid Indiana	Call	Yes	XZ	M		Yes		
Medicaid Iowa	Call	Yes	XZ	M		Yes		
Medicaid Kansas	Call	Yes	XZ	M		Yes		
Medicaid Kentucky	Call	Yes	XZ	M		Yes		
Medicaid Louisiana	Call	Yes	XZ	M		Yes		
Medicaid Maine	Call	Yes	XZ	M		Yes		
Medicaid Maryland	Call	Yes	XZ	M		Yes		
Medicaid Massachusetts	Call	Yes	XZ	M		Yes		
Medicaid Michigan	Call	Yes	XZ	M		Yes		
Medicaid Minnesota	Call	Yes	XZ	M		Yes		
Medicaid Mississippi	Call	Yes	XZ	M		Yes		
Medicaid Missouri	Call	Yes	XZ	M		Yes		
Medicaid Montana	Call	Yes	XZ	M		Yes		
Medicaid Nebraska	Call	Yes	XZ	M		Yes		
Medicaid Nevada	Call	Yes	XZ	M		Yes		
Medicaid New Hampshire	Call	Yes	XZ	M		Yes		
Medicaid New Jersey	Call	Yes	XZ	M		Yes		
Medicaid New Mexico	Call	Yes	XZ	M		Yes		
Medicaid New York	Call	Yes	XZ	M		Yes		
Medicaid North Carolina	Call	Yes	XZ	M		Yes		
Medicaid Ohio	Call	Yes	XZ	M		Yes		
Medicaid Oklahoma	Call	Yes	XZ	M		Yes		
Medicaid Oregon	Call	Yes	XZ	M		Yes		
Medicaid Pennsylvania	Call	Yes	XZ	M		Yes		
Medicaid South Carolina	Call	Yes	XZ	M		Yes		
Medicaid South Dakota	Call	Yes	XZ	M		Yes		
Medicaid Tennessee	Call	Yes	XZ	M		Yes		
Medicaid Tennessee	Call	Yes	XZ	M		Yes	Blue Cross & Blue Shield of Tennessee (Chattanooga)	
Medicaid Tennessee	Call	Yes	XZ	M		Yes	AKA - TennCare Access Med Plus.	
Medicaid Utah	Call	Yes	XZ	M		Yes		
Medicaid Vermont	Call	Yes	XZ	M		Yes		
Medicaid Virginia	Call	Yes	XZ	M		Yes		
Medicaid Washington	Call	Yes	XZ	M		Yes		
Medicaid West Virginia	Call	Yes	XZ	M		Yes		
Medicaid Wisconsin	Call	Yes	XZ	M		Yes		
Medicaid Wyoming	Call	Yes	XZ	M		Yes		
Medical Network of Colorado Springs	CSMED			M				
Medical Pathways	33029			M				
Medicare Alabama	Call	Yes	XZ	M		Yes		
Medicare Alaska	Call	Yes	XZ	M		Yes		
Medicare Arizona	Call	Yes	XZ	M		Yes		
Medicare Arkansas	Call	Yes	XZ	M		Yes		
Medicare California	Call	Yes	XZ	M		Yes	Includes coverage for Northern California.	
Medicare California	Call	Yes	XZ	M		Yes	Includes coverage for Southern California.	
Medicare Colorado	Call	Yes	XZ	M		Yes		
Medicare Connecticut	Call	Yes	XZ	M		Yes		

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Professional Payer List  
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Insurance Carriers	Payer ID	Enroll Reqd	Govt Chrg	Fmt	Max Svc Lines	UPIN Reqd	Notes or Comments	Last Updated
Medicare DC	Call	Yes	XZ	M		Yes	Includes coverage for DC and Northern VA.	
Medicare Delaware	Call	Yes	XZ	M		Yes		
Medicare Florida	Call	Yes	XZ	M		Yes		
Medicare Georgia	Call	Yes	XZ	M		Yes		
Medicare Hawaii	Call	Yes	XZ	M		Yes		
Medicare Idaho	Call	Yes	XZ	M		Yes		
Medicare Illinois	Call	Yes	XZ	M		Yes		
Medicare Indiana	Call	Yes	XZ	M		Yes		
Medicare Iowa	Call	Yes	XZ	M		Yes		
Medicare Kansas	Call	Yes	XZ	M		Yes		
Medicare Kansas	Call	Yes	XZ	M		Yes		
Medicare Kentucky	Call	Yes	XZ	M		Yes		
Medicare Louisiana	Call	Yes	XZ	M		Yes		
Medicare Maine	Call	Yes	XZ	M		Yes		
Medicare Maryland	Call	Yes	XZ	M		Yes		
Medicare Massachusetts	Call	Yes	XZ	M		Yes		
Medicare Michigan	Call	Yes	XZ	M		Yes		
Medicare Minnesota	Call	Yes	XZ	M		Yes		
Medicare Mississippi	Call	Yes	XZ	M		Yes		
Medicare Missouri	Call	Yes	XZ	M		Yes		
Medicare Missouri	Call	Yes	XZ	M		Yes		
Medicare Nebraska	Call	Yes	XZ	M		Yes		
Medicare Nevada	Call	Yes	XZ	M		Yes		
Medicare New Hampshire	Call	Yes	XZ	M		Yes		
Medicare New Jersey	Call	Yes	XZ	M		Yes	Provider testing based on specialty.	
Medicare New Mexico	Call	Yes	XZ	M		Yes		
Medicare New York	Call	Yes	XZ	M		Yes		
Medicare New York	Call	Yes	XZ	M		Yes		
Medicare New York	Call	Yes	XZ	M		Yes		
Medicare North Carolina	Call	Yes	XZ	M		Yes		
Medicare North Dakota	Call	Yes	XZ	M		Yes		
Medicare Ohio	Call	Yes	XZ	M		Yes		
Medicare Oklahoma	Call	Yes	XZ	M		Yes		
Medicare Oregon	Call	Yes	XZ	M		Yes		
Medicare Pennsylvania	Call	Yes	XZ	M		Yes		
Medicare Railroad	Call	Yes		M		Yes	Call Railroad Enrollment at 866 899-5227.	
Medicare Rhode Island	Call	Yes	XZ	M		Yes		
Medicare South Carolina	Call	Yes	XZ	M		Yes		
Medicare South Dakota	Call	Yes	XZ	M		Yes		
Medicare Tennessee	Call	Yes	XZ	M		Yes		
Medicare Vermont	Call	Yes	XZ	M		Yes		
Medicare Virginia	Call	Yes	XZ	M		Yes	Includes all Regions except Northern Virginia.	
Medicare Washington	Call	Yes	XZ	M		Yes		
Medicare West Virginia	Call	Yes	XZ	M		Yes		
Medicare Wisconsin	Call	Yes	XZ	M		Yes		
Medicare Wyoming	Call	Yes	XZ	M		Yes		
MediPrime	94254			M				
Medspan, Inc.	82160			M				

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Insurance Carriers	Payer ID	Enroll Reqd	Govt Chrg	Fmt	Max Svc Lines	UPIN Reqd	Notes or Comments	Last Updated
Medstar Physician Partners	00243			M				
MEGA Life & Health Insurance Company - Starbridge StarHRG	59225			M			<b>Claims are printed and mailed to the payer.</b> Valid only for claims with billing address of PO Box 890025 or 809067, or 809079, or 809036, or 809066, or 809036, or 809081, Dallas, TX 75380-9025.	B
Memorial Clinical Associates	MCA11			M	12	Yes	Call 713 843-6780 for Provider ID	
Mercy Physicians Medical Group	33029			M				
MetroPlus Health Plan	13265			M				
Metrowest Health Plan - Preferred Care	MWP01			M				B
Metrowest Star Medicaid	MWS01			M			Receiver Type D	B
Mid Atlantic Psychiatric Services, Inc. (MAPSI)	52149			M				
Midwest Preferred	MIDSC			M				
Midwest Securities	MIDSC			M	12			
Midwest Security Administrators (MSA)	MIDSC			M				
Midwest Security Insurance Co. (MSIC)	MIDSC			M				
MMS, LLC	62178			M				
Momentum Health Services	72135			M				
Mosiac IPA Medical Group	IP083			M				
Motion Picture Health Plan	MPI01			M				
Mountain Medical (MMA)	COMMA			M			Provider ID required, call 914 377-4400 for ID	
Mutual Benefit (Western Life - Fortis)	PH020			M				
Mutual Group (US)	59140			M			HeathPlan Services (Tampa Only)	
National Chiropractic Association	58204			M				
National Rural Electric Coop (NRECA)	52132			M				
Nationwide Health Plans	31417			M				
NCAS – Charlotte	75191			M				
NCAS -Owings Mills, MD	52118			M				B
Network Health	<b>Call</b>			M			Contact 617 806-8104 for EDI startup plan and Payer ID	
Nevada Health Solutions	86065			M			<b>Deleted Payer ID.</b>	
NevadaCare	86065			M			<b>Deleted Payer ID.</b>	
NevadaCare Kids	86065			M			<b>Deleted Payer ID.</b>	
New York Network Management	11334			M			<b>Claims are printed and mailed to the payer.</b> Group / Policy Number Required. Group Name Required.	
Noble AMA	33029			M				
North American Health Plan	64158			M			AKA North American Administrators, Inc.	B
North American Medical Management -- No. CA	E3510	Yes		M			Only claims from Northern CA Providers. Call 510 450-1500 for Provider Enrollment.	
North American Medical Management – IL	36398			M				
North American Medical Management (NAMM) - North CA	E3510	Yes		M			Northern California Providers only. Call 909 307-8000 for enrollment.	
North Texas Healthcare Network	35212			M				
North West Life	PH018			M				
Olympic Health Management Systems, Inc.	91150			M				
Omni HealthCare (Humboldt Del Norte)	IP061			M				
Omnicare Medical Group (Omni)	IP088			M				
OptiCare Eye Health Network	56190			M		Yes	Rendering Provider ID required. Call payer for ID.	A
Optimum Choice of the Carolinas (OCCI)	52152			M				
Orthonet Corporation	13381			M			Claims are now being sent electronically.	
Orthopedix Network, Inc.	58204			M				

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Insurance Carriers	Payer ID	Enroll Reqd	Govt Chrg	Fmt	Max Svc Lines	UPIN Reqd	Notes or Comments	Last Updated
OSF Care Advantage	OSFMC			M		Yes		
OSF Health Plan	OSFIL	Yes		M			Call payer for enrollment information.	A
Oxford	HM032			M			Encounters Only.	
PacifiCare	HM012			M			Encounters Only.	
PacifiCare Behavioral Health Inc.	33053			M				
Pacificare of California (Encounters)	95958			M			Please call Gina Gasilan at 714 226-8609	
PacifiCare of Colorado	<b>Call</b>	Yes		M		Yes	Call Lela Nemmers at 719 522-6928 for Payer ID and enrollment. Provider types NOT allowed: PA, NP, DME, Chiro, Psych, Anesthesia, and Optometry / Ophthalmology.	
PacifiCare of Oklahoma (Encounters)	95973			M		Yes	Please call Joe Graves at 405 530-2229	
PacifiCare of Oregon (Encounters)	95975	Yes		M		Yes	Please call 800 203-7729 for Provider ID.	
PacifiCare of Texas	95959			M				
PacifiCare of Texas (Encounters)	95969	Yes		M		Yes	Please call Nicole Creel at 972 866-1565.	
PacifiCare of Washington (Encounter)	95977	Yes		M		Yes	Please call 800 203-7729 for Provider ID.	
Parity Healthcare, LLC.	58204			M				
Patient - Physician Network (PPN)	PPN11			M				
PCA Health Plan of Florida	65018	Yes		M			Enrolled Providers only. Not enrolling new physicians.	
PCMC/ICSL Podiatry	65002			M				
Physician Associates of Greater San Gabriel Valley	<b>Call</b>			M			Call Armando Hernandez 626 817-8517 for Payer ID	
Physician Associates of Louisiana	58204			M				
Physicians Corporation of America (Florida Plan Only)	65018			M			Enrolled Providers only. Not enrolling new physicians.	
Physicians Healthcare Plans, Inc.	65031			M				
Physician's Network of Colorado Springs	PHD03			M				
Pioneer Medical Group / Pioneer Physicians Network	33029			M				
Podi Care Managed Care	58204			M				
Podiatry Network Solutions	58204			M				
Practicare Inc	04334			M				
Preferred Health Systems Insurance Company	60110			M				
Preferred One (CT), a Division of First Choice	14162			M		Yes	Requires a 5-8 character Provider Network ID.	
Preferred Plus of Kansas	60110			M				
Primary Medical Care	PMC11			M				
Prime Care Health Plan	UH015			M				
PrimeCare Medical Network	IP079			M				
PrimeCare of Chino Valley	33029			M				
PrimeCare of Corona	33029			M				
PrimeCare of Hemet Valley	33029			M				
PrimeCare of Inland Valley	33029			M				
PrimeCare of Moreno Valley	33029			M				
PrimeCare of Redlands	33029			M				
PrimeCare of Riverside	33029			M				
PrimeCare of Sun City	33029			M				
PrimeCare of Temecula	33029			M				
Print to Paper	PAPER	Yes		M			Call 210 684-2983 for Provider Registration information	A
Priority Health	38217			M		Yes	Call 616 975-8284 to obtain pay to code	
Prism Network, Inc.	37268			M				B

**MCS Clearinghouse**  
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Insurance Carriers	Payer ID	Enroll Reqd	Govt Chrg	Fmt	Max Svc Lines	UPIN Reqd	Notes or Comments	Last Updated
Professional Benefits Administrators (Cuyahoga Falls, OH)	34176			M			Payer ID valid for claims submission address of 2040 Front St., Cuyahoga Falls, OH 44221.	B
ProMed HealthCare San Antonio	IP058			M				
ProMed Pomona Valley	IP057			M				
Providence Choice Option	PHP01			M				
Providence Good Health Plan	PHP01			M				
Prudential (All Plans)	60054			M				A
Pyramid Benefits	91954			M				B
Qual Choice of North Carolina	35172			M			Please Call Help Desk at 800-816-0911	
Qual-Med Colorado	QMDCO			M				
Qual-Med Colorado EPO	QMDCE			M				
Qual-Med New Jersey	QMDNJ			M				
Qual-Med Philadelphia	QMDPH			M				
Qual-Med Portland	QMDPO			M				
Qual-Med Seattle	QMDSE			M				
Qual-Med Spokane	QMDSP			M				
Rio Grande HMO	84980	Yes		M				
Robert Kennedy IPA	33029			M				
Rocky Mountain Health Plan - Grand Junction	SX141	Yes		M				B
Rocky Mountain HMO	Call	Yes		M			Please call 210 684-2983 X22	
San Luis Obispo (SLO) Select IPA	33029			M				
Santa Clara County IPA	IP034			M				
Secure Horizons (PacifiCare)	WELM2			M			WellMed Medical Management members only	A
Selectcare	00014			M				
SelectCare of Texas (Beaumont)	GTPA1			M		Yes	Provider ID required. Call 713 843-6780 for ID.	A
Seton Health Plan - City Map	SHMAP			M				
Seton Health Plan - Star Medicaid	SET22	Yes		M			<b>Claims are printed and mailed to the payer.</b>	
Share Health Plan - Illinois HMO	UH005			M				
Share Health Plan - Illinois PPO	UH006			M				
Shield 65+	HM024			M				
Sonoma County Primary Care IPA Medical	E3510	Yes		M			Northern California Providers only. Call 510 450-1500 for enrollment.	
Sooner Health Network	AMS01			M			Wisconsin Providers Only.	
Sound Health (now First Choice Health Network)	91131			M				
Southeast Iowa Health Plan	86065			M			<b>Deleted Payer ID.</b>	
Southern Desert Health Plan	AMS01			M			Wisconsin Providers Only.	
Spohn Network	SPOHN			M			Texas Only	
Star Medicaid	75202	Yes		M				
StarHRG	59225			M			<b>Claims are printed and mailed to the payer.</b> Payer ID valid for claims submission address of PO Box 890025 or 809067, or 809079, or 809036, or 809066, or 809036, or 809081, Dallas, TX 75380-9025.	B
Student Insurance - MEGA Life & Health Insurance Co.	74227			M			Payer ID valid for claims submission address of PO Box 890025 or 809067, or 809079, or 809036, or 809066, or 809036, or 809081, Dallas, TX 75380-9025.	B
Student Insurance - Mid-West Nat'l Life Ins. Co. of TN	74227			M			Payer ID valid for claims submission address of PO Box 890025 or 809067, or 809079, or 809036, or 809066, or 809036, or 809081, Dallas, TX 75380-9025.	B

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Student Insurance -Chesapeake Life Insurance Company	74227			M			Payer ID valid for claims submission address of PO Box 890025 or 809067, or 809079, or 809036, or 809066, or 809036, or 809081, Dallas, TX 75380-9025.	B
Sutter Connect - ABMG	IP084			M				
Sutter Connect (Sutter Medical Group of Redlands)	IP090			M				
Tarrant Health Services	37228			M				
Teachers Health Trust	88019			M			Formerly CCEA Welfare Benefit Trust	
Texan Plus (Beaumont)	GTPA1			M		Yes	Provider ID required. Call 713 843-6780 for ID.	A
Texas Podiatry Group	TPG11			M				
Texas True Choice	TTECE			M				A
Texas University Health - UPG Commercial	UPGUT			M				
The Eye PA	EYEPA			M				
The Guardian Choice	16126			M				
The Mutual Group (US)	59140			M			HeathPlan Services (Tampa Only)	
The New England	66893			M				
The OATH - Health Partners of Alabama	63092	Yes		M		Yes	Requires Provider ID. Call 800 743-7141 for enrollment.	
The Oath of Alabama	63092	Yes		M			Call payer for enrollment information	B
Theraphysics	THERA			M	12			
Theraphysics - Colorado Only	COTHE			M	12			
Total Care Choice	16126			M				
TPA (Texas Plan Administrators)	TXP11	Yes		M			Contact Amy Durham at 915 520-3865 for enrollment	
TRICARE Palmetto	57106			M			Regions 1, 2, 5, 7, 8, 9, 10, and 12	
True Choice USA - Christus Health Plan	TCUCH			M				A
TXEN AltPros	75206			M			Group Number required.	
UBH - United Behavioral Health (Employer Division)	UBHRI			M			9 digit ID, NOT HMO or PPO business. Call 800 557-5745 with questions	
UBH - United Behavioral Health (Health Plan HMO)	87726			M			16 digit ID and IS HMO business or 9 digit ID with MTH on card. Call 800-557-5745 with questions	
UBH RIOS	16412			M				
UCSF/ICSL Urology	65006			M				
United Physicians of N. Colorado	84132			M				
United States Life Insurance Company	13545			M				
Universal Standard Healthcare, Inc	38298			M				
University Health Plan of New Jersey	59000			M			Group Number should be entered if available.	
USA Health & Wellness	USAHW			M				
VA Fee Basis Programs	12115			M			<b>Claims are printed and mailed to the payer.</b>	
Valley of the Moon	IP044			M				
Valley Physician's IPA	77004			M				B
Vantage Health Plan, Inc.	72128			M				
VENCOR	61101			M				
VICARE Administrative Services	54182			M				
Vista Del Sol Health Care	86079			M				
W.C. Beeler & Company	62111			M				
Webster Plastics, Inc. Doctor's Health Plan	16112			M				
WellMed (Encounters)	WELMD			M				
Winhealth Partners	WNHLT			M				

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Insurance Carriers	Payer ID	Enroll Reqd	Govt Chrg	Fmt	Max Svc Lines	UPIN Reqd	Notes or Comments	Last Updated

**Legend:**

**Insurance Carrier:** The name of the electronic payer.

**Payer ID:** The electronic identification number assigned to the payer. If "Call" is present, please Call the MCS Clearinghouse at 210 684-2983. If "Testing" is present, MCSC is currently testing with this payer and will not accept enrollment until such time as we are in production with this payer.

**Payer ID:** The electronic identification number assigned to the payer. If "Call" is present, please Call the MCS Clearinghouse at 210 684-2983.

**Enroll Reqd:** If "Yes" is noted, please Call MCS Clearinghouse at 210 684-2983 ext. 22for proper enrollment instructions. If blank, enrollment may not be required.

**Govt Chrg:**

(X) "One-time" enrollment charge of \$15.00 per provider, per state, per plan will be assessed for each government plan enrolled.

(Z) MCS Clearinghouse will assess a \$ 0.15 charge for each claim sent to this government plan.

**Fmt:** The payer accepts the following claim formats:

(M) Professional claims.

**Max Svc Lines:** Maximum number of lines the payer allows in the FA0 record.

**UPIN Reqd:** Payer requires the provider to submit a PIN in the Rendering Provider ID record.

**Notes or Comments:** Includes important information specific to the payer.

**Last Update:** The date code used to note when a change was made to the payer list. The following codes will be used:

1=January	7= July
2= February	8= August
3= March	9= September
4= April	A= October
5= May	B= November
6= June	C= December

**If you have any questions regarding the payer list, please call MCS Clearinghouse HelpDesk at 210 684-2983.**